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CONFIRMATION NO. 8960

<b>SERIAL NUMBER</b> 10/810,449	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> P-9891.05
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/918,224 07/30/2001 PAT 6,718,204

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
06/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met	Allowance <i>[Signature]</i>				
Verified and Acknowledged	Examiner's Signature	Initials <i>AP</i>			

**ADDRESS**  
27581

**TITLE**

Method and apparatus to control delivery of high-voltage and anti-tachy pacing therapy in an implantable medical device

<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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